FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB Number: 3235-0076

April 30, 2008

Expires: Estimated average burden

hours per response: 16.00



Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)									
Goldman Sachs Hedge Fund Partners Institutional, Ltd.: Shares									
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506	\square Section 4(6) \square ULOE								
Type of Filing: ☐ New Filing ☐ Amendment									
A. BASIC IDENTIFICATION DATA									
Enter the information requested about the issuer									
Name of Issuer (check if this is an amendment and name has changed, and indicate changed	gc.)								
Goldman Sachs Hedge Fund Partners Institutional, Ltd.									
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)								
c/o Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton,	· · · · · · · · · · · · · · · · · ·								
New Jersey 08540	(***, *********************************								
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)								
(if different from Executive Offices)	AEGOED.								
FNUC	ESSED								
Brief Description of Business									
To operate as a private investment fund.	7 2006 E								
	, –								
Type of Business Organization	MSON _								
□ corporation □ limited partnership, already for CANAN									
□ business trust □ limited partnership, to be formed	Exempted Limited Company								
Month Year									
	☐ ☐ Catimated								
Actual or Estimated Date of Incorporation or Organization: 0 1 Actual Actual Estimated									
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbr	reviation for								
State: CN for Canada; FN for other foreig	gn jurisdiction) F N								
CENEDAL INSTRUCTIONS									

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following:										
* Each promoter of the issuer, if the issuer has been organized within the past five years;										
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
* Each general and managing partner of partnership issuers.										
Managing Partner										
Full Name (Last name first, if individual)										
Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Investment Manager)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
701 Mount Lucas Road, Princeton, New Jersey 08540										
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
Stichting Bedrijfstakpensioenfonds - Bouwnijverheid										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Basisweg 10, Amsterdam 1043 AP Netherlands										
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
Metropolitan Life Insurance Sep. Account 423										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One MetLife Plaza, 27-01 Queens Plaza North, Long Island City, New York, New York 11101										
Check Box(cs) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
UPS Retirement Plan Trust										
Business or Residence Address (Number and Street, City, State, Zip Code)										
c/o Boston Safe Deposit and Trust Company, Mellon Global Securities Services, 135 Sentilli Highway Aim: 026-0313, Everett, MA 02149										
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
Northrop Grumman Pension Master Trust										
Business or Residence Address (Number and Street, City, State, Zip Code)										
c/o Dennis Newberry, 1840 Century Park East 159/CC, Los Angeles, CA 90067										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Investment Manager Managing Partner										
Full Name (Last name first, if individual)										
Barbetta, Jennifer										
Business or Residence Address (Number and Street, City, State, Zip Code)										
c/o Goldman Sachs Hedge Fund Strategies LLC, 32 Old Slip, 9th Floor, New York, New York 10005										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Investment Manager Managing Partner										
Full Name (Last name first, if individual)										
Clark, Kent A.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
c/o Goldman Sachs Hedge Fund Strategies LLC, 32 Old Slip, 9th Floor, New York, New York 10005										
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)										

A. BASIC IDENTIFICATION DATA

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - * Each promoter of the issuer, if the issuer has been organized within the past five years;
 - * Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - * Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	□ *of	Executive Officer the Issuer's Investm		Director* lanager	General and/or Managing Partner
Full Name (Last name first, if	individual)							<u> </u>
Lawson, Hugh J.								
Business or Residence Addres	ss (Number and	l Stro	ect, City, State, Zip (Code)			
c/o Goldman Sachs Hedge F	und Strategies L	LC,	32 Old Slip, 9 th Flo	or, N	lew York, New Yor	k 10	005	
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	individual)							
Business or Residence Address	ss (Number and	l Stre	et, City, State, Zip (Code)			
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	individual)							
Business or Residence Addres	ss (Number and	d Stro	et, City, State, Zip (Code))			
Check Box(es) that Apply:	□ Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	individual)							
Business or Residence Addres	ss (Number and	i Stre	et, City, State, Zip C	Code))			
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	individual)							
Business or Residence Addres	ss (Number and	i Stro	et, City, State, Zip C	Code))			
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	individual)							<u></u>
Business or Residence Addres	Ss (Number and	l Stre	et, City, State, Zip C	Code))	<u>-</u>		
Check Box(es) that Apply:	□ Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	individual)							
Business or Residence Addres	(Number and	i Stro	et, City, State, Zip C	ode)				
	(Lise blank s	heet	or copy and use add	ition	al copies of this shee	t se	necessary \	

		١		B. IN	FORMAT	ION ABO	OUT OFF	ERING					
										Yes	No		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											☑		
2. What is the minimum investment that will be accepted from any individual?										\$1,000,000*			
*The Company at its discretion may accept subscriptions for lesser amounts. 3. Does the offering permit joint ownership of a single unit?											Yes ☑	No	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such													
a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)													
Full Name	: (Last name	e first, if inc	lividual)										
	Sachs & C		VT 1 1	10	C: . 7:	6.1.							
Business	or Residence	e Address (i	Number and	Street, Cit	y, State, Zip	(Code)							
	Street, Nev		w York 100	104									
Name of A	Associated E	Broker or De	eaier										
States in V	Vhich Porce	n Listad Us	s Solicited	or Intende t	o Colinit Du	robocora							
			lividual Stat					•••••			🗹 All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC] (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	(200, 11011)	, , , , , , , , , , , , , , , , , , ,											
Business of	or Residence	e Address (1	Number and	Street, Cit	v. State. Zin	Code)				-			
		`		, .	,, , ,	,							
Name of A	Associated E	Broker or De	ealer										
			s Solicited										
			lividual Stat	•									
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	(OK) [WI]	[OR] [WY]	[PA] [PR]	
	(Last name			[17.]	[01]	[4 1]		[#//]	[** *]	[44 1]	[44.1]	[I-K]	
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)		·			· · ·		
Name of A	ssociated B	roker or Do	ealer					<u> </u>	<u> </u>				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)									All States				
[AL]	[AK]	(AZ)	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[OX] [MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[V]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

[TN] [TX] [UT] [V] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of				
	the securities offered for exchange and already exchanged. Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity (Shares)	\$	509,690,059	\$	509,690,059
	☑ Common ☐ Preferred				, ,
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify)	\$	0	\$	0
	Total			\$	509,690,059
	Answer also in Appendix, Column 3, if filing under ULOE.				· · ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number		Aggregate Dollar Amount
	A		Investors		of Purchases
	Accredited Investors	_	273	\$	509,690,059
		-	0	\$	0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505	_	N/A	\$.	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504	_	N/A	\$	N/A
	Total	_	N/A	\$	N/A
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		Ø	\$	151,073
	Accounting Fees			\$]	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify):			\$	0
	Total		\square	\$	151,073
				_	

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EX	PENS	ES A	ND USE OF PI	ROCE	EDS		
	b. Enter the difference between the aggregate - Question 1 and total expenses furnished in difference is the "adjusted gross proceeds to the	response to Part C - Question 4.a	ı. Th	is		\$ _		509,538,986	
5.	Indicate below the amount of the adjusted groto be used for each of the purposes shown. If furnish an estimate and check the box to the payments listed must equal the adjusted gross to Part C - Question 4.b. above.								
					Payments to Officers, Directors, & Affiliates			Payments To Others	
	Salaries and Fees			\$_	0		\$_	0	
	Purchase of real estate			\$_		. 🗆	\$_	0	
	Purchase, rental or leasing and installation of n	nachinery and equipment		\$_	0		\$_	0	
	Construction or leasing of plant buildings and	facilities		\$_	0		\$_	0	
	Acquisition of other businesses (including the this offering that may be used in exchange another issuer pursuant to a merger)		\$	0		\$	0		
	Repayment of indebtedness			s –	0		s –	0	
	Working capital		\$	0		\$	0		
	Other (specify): Investment Capital		s –	0	. ☑	\$ -	509,538,986		
	Column Totals	_	\$_	0	\B	\$_	509,538,986		
	Total Payments Listed (column totals added)		•••••		☑ \$	509,5	38,9	86	
		D. FEDERAL SIGNATU	RE					- "	
fo	he issuer has duly caused this notice to be sig flowing signature constitutes an undertaking by its staff, the information furnished by the issuer	the issuer to furnish to the U.S. S	ecuriti	ies an	d Exchange Comm	nission,	upon		
Issuer (Print or Type) Goldman Sachs Hedge Fund Partners Institutional, Ltd. Date November (5, 2006)									
Naı	Name of Signer (Print or Type) Title of Signer (Print or Type)								
Da	vid S. Plutzer V	ice President of the Issuer's Inves	tment	Man	ager				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).